## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90191 048 \*\*\*150.00

ABOVE ALL IVIANAGEIVEN 1, INC.	* ********* **** ***** ***** ***** *****
·	
Principal Place of Business Mailing Address	I I Baliffan tiib 1810ti Abist addit Balit aakit addit atrit atdit Atbat Jaria (191 jaar)
673 LAKESTONE CIRCLE 673 LAKESTONE CIRCLE	
PONTE VEDRA FL 32082 PONTE VEDRA FL 32082	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
	07/20/1998
Principal Place of Business     2a. Mailing Address	4. FEI Number Applied For
21 (018 Palmers Drive 25 (018 Palmera Drive	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
22 27	5. Certificate of Status Desired Fee Required
City & State - City & State	6. Election Campaign Financing - 55.00 May Be
23 Parke Vedra Beach Fl. 28 Parke Vedra Beach FL	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible
24 32082 25 29 30082 30	Personal Property Tax.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
MCMINN, STEVE 82 Street Ad	dress (P.O. Box Number is Not Acceptable)
6/3 LANESTONE CINCLE	
PONTE VEDRA FL 32082	
84 Sity	85 Zip Code
1 Voca	e Vlocka Precen FL 32082
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named con	rporation submits this statement for the purpose of changing its registered tion's board of directors. I bereby accept the appointment as registered
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Honda Statutes, the adove-named coi office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am fapiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>	1/1/20
SIGNATURE Suster Willen Vin Presi	dent 4/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature requi	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
(   T	memian, Steve
MOMINIA, SILVE	618 Polmera Drive
STREET ADDRESS OF BY THE STREET	
The state of the s	Porte Vedia Beach FL 32082 Michange Maddition
TITLE D DELETE 2.1 TITLE	Tremian, Kristen
NAME MCMINN, KRISTEN 22 NAME	IKIMAN, KIRST
STREET ADDRESS 673 LAKESTONE CIRCLE 2.3 STREET ADDRESS	618 Palmera Drive
CITY-ST-ZIP PONTE VEDRA FL 32082 2.4 CITY-ST-ZIP	Ponte Vedra Boach FL 32082
TITLE - 3.1 TITLE - 3.1 TITLE	Change Maddition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TTLE ☐ DELETE 4.1 TTLE	☐ Change ☐ Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         □ DELETE         6.1 TITLE	☐ Change ☐ Addition
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or or an attachment with an address, with all other like empowered.

WITESIMMENTED RESIDENCE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE President SIGNATURE!